

(Rev. 12/99)

FORM CT-G

CT-G 1999

Connecticut Group Income Tax Return

(For qualified electing **nonresident** individuals who are partners, LLC members, shareholders of S corporations or beneficiaries of trusts or estates)

For calendar year 1999, or other taxable year ► beginning _____, 1999, ► ending _____, _____.

Name of Entity ►		Federal Employer Identification Number
Number and Street ►	PO Box ►	Date Received (FOR DEPARTMENT USE ONLY)
City or Town ►	State ►	ZIP Code ►
		Connecticut Tax Registration Number

Check box for type of entity filing this return: ► ☐ Partnership ► ☐ LLC ► ☐ S Corporation ► ☐ Estate ► ☐ Trust

Check box if amended return: ☐

Total number of partners, LLC members, shareholders or beneficiaries (as the case may be) included in this group return ► _____

1. Income tax (Total of amounts in <i>Schedule G</i> , Column D)	►	1		
2. Estimated tax paid (Total of amounts in <i>Schedule G</i> , Column E)	►	2		
3. Amount paid with extension request (if any)	►	3		
4. Enter the total payments (Add Line 2 and Line 3)	►	4		
5. If Line 4 is greater than Line 1, subtract the amount on Line 1 from the amount on Line 4, and enter the amount of overpayment to be credited to 2000	►	5		
6. If Line 1 is greater than Line 4, subtract the amount on Line 4 from the amount on Line 1, and enter the tax due	►	6		
7. If late: Enter penalty (10% (.10) x amount on Line 6. See instructions)	►	7		
8. If late: Enter interest (1% (.01) x number of months late, or fraction thereof x amount on Line 6)	►	8		
9. Interest for underpayment of estimated tax (Total of amounts in <i>Schedule G</i> , Column F)	►	9		
10. BALANCE DUE (Add Lines 6 through 9)	►	10		

Make check or money order payable to: COMMISSIONER OF REVENUE SERVICES
Write Federal Employer ID Number and "1999 Form CT-G" on your check or money order.

Mail to: State of Connecticut
Department of Revenue Services
PO Box 5019
Hartford CT 06102-5019

Declaration: I declare under penalty of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)
Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature of General Partner, LLC Member, Fiduciary or Officer	Date	Telephone Number ()
	Paid Preparer's Signature	Date	Federal Employer ID Number
	Firm Name and Address		

Schedule G
Group Income Tax Schedule

1999

Name of Entity

A	B	C	D	E	F
Social Security Number	Name and Address	Share of Connecticut Source Income	Connecticut Income Tax (Column C x .045)	Share of Estimated Tax Paid	Form CT-2210 Underpayment Interest
▶		▶			
▶		▶			
▶		▶			
▶		▶			
▶		▶			
▶		▶			
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TOTALS					